

OFFENSE	STATUS	ARRIVAL	BEAT	SUB BEAT	PLACE	METHOD	ITEMS	PROPERTY	RECOVERY	STOLEN	RECOVERED	DESTROYED
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HAZEL CREST POLICE DEPARTMENT OFFENSE/INCIDENT REPORT

INCIDENT	1 OFFENSE/INCIDENT Armed Robbery					2 OFFENSE CB		3 DATE & TIME OF OCCURRENCE 8/29/17 2153						
	4 LOCATION/ADDRESS OF OCCURRENCE 3418 Birchwood					5 ADDRESS NAME (IF APPROPRIATE)			6 DATE & TIME REPORTED 8/29/17 2153					
COMPL.	7 COMPLAINANT (LAST-FIRST-MIDDLE) KREMER, Brandon L					8 SEX M	9 RACE W	10 DOB (M-D-Y)		11 BUS PHONE		14 EXT		
	15 VICTIM'S NAME (LAST-FIRST-MIDDLE) (BUSINESS) CP					16 SEX	17 RACE	18 AGE	19 DOB (M-D-Y)	20 RES PHONE				
VICTIM	21 RES ADDRESS (APT)					CITY			STATE		22 BUS PHONE	23 EXT		
	24 WITNESS #1 (LAST-FIRST-MIDDLE)					25 SEX	26 RACE	27 DOB (M-D-Y)	28 RES PHONE					
WITNESSES	29 RES ADDRESS (APT)					CITY			STATE		30 BUS PHONE	31 EXT		
	32 WITNESS #2 (LAST-FIRST-MIDDLE)					33 SEX	34 RACE	35 DOB (M-D-Y)	36 RES PHONE					
	37 RES ADDRESS (APT)					CITY			STATE		38 BUS PHONE	39 EXT		
	40 #1 (LAST-FIRST-MIDDLE) Juvenile					41 SEX	42 RACE	43 DOB (M-D-Y)	44 HT	45 WT	46 EYES	47 HAIR		
ARREST	48 RES ADDRESS See Slip					49 NICKNAME/AKA			50 RES PHONE					
	51 #2 (LAST-FIRST-MIDDLE) Brandon, DAKUARI, M					52 SEX M	53 RACE B	54 DOB (M-D-Y)	55 HT	56 WT	57 EYES	58 HAIR		
	59 NICKNAME/AKA					60 NICKNAME/AKA			61 RES PHONE					
	62 SKIN TONE					64 HAIR STYLE (UP TO 3)		65 SCARS/MARKS/TATTOOS/DEFORM. (UP TO 3)		66 APPEARANCE (UP TO 3)		67 CAUTIONS (UP TO 3)		
SUSPECT	1 2 PERSON		1 2 PERSON		1 2 PERSON		1 2 PERSON		1 2 PERSON		1 2 PERSON			
	<input type="checkbox"/> (L) LIGHT <input type="checkbox"/> (M) MEDIUM <input type="checkbox"/> (D) DARK		<input type="checkbox"/> (UNK) UNKNOWN <input type="checkbox"/> (BAL) BALD/PART BALD <input type="checkbox"/> (CUR) CURLY/WAFF <input type="checkbox"/> (LON) LONG LENGTH <input type="checkbox"/> (MED) MEDIUM LENGTH <input type="checkbox"/> (SHO) SHORT LENGTH <input type="checkbox"/> (STR) STRAIGHT		<input type="checkbox"/> YES (DESCRIBE) LOCATION _____ _____ _____		<input type="checkbox"/> (CAS) CASUAL <input type="checkbox"/> (DIS) DISGUISE <input type="checkbox"/> (OTH) OTHER/DNA <input type="checkbox"/> (TRN) TRANSVESTITE <input type="checkbox"/> (UNI) UNIFORM <input type="checkbox"/> (WGR) WELL GROOMED <input type="checkbox"/> (WRK) WORK CLOTHES		<input type="checkbox"/> (ALC) ALCOHOL USE <input type="checkbox"/> (ARM) ARMED <input type="checkbox"/> (ARR) RESISTING <input type="checkbox"/> (DRU) DRUG USE <input type="checkbox"/> (ESC) ATTEMPT ESCAPE <input type="checkbox"/> (IMP) IMPERSONATES <input type="checkbox"/> (MED) MEDICAL COND <input type="checkbox"/> (MEN) HIST OF ADMIS <input type="checkbox"/> (SUI) HEALTH FACIL <input type="checkbox"/> (VID) ATTEMPT SUICIDE VIOLENT		<input type="checkbox"/> (ACC) ACCENT <input type="checkbox"/> (DNA) DOES NOT APPLY <input type="checkbox"/> (IMP) (IMPEDIMENT) <input type="checkbox"/> (RPD) RAPID/TALKATIVE <input type="checkbox"/> (SLR) SLURRED/ MUMBLES <input type="checkbox"/> (OTH) (DESCRIBE) _____ _____ _____			
	83 FACIAL HAIR		84 HAIR STYLE (UP TO 3)		85 SCARS/MARKS/TATTOOS/DEFORM. (UP TO 3)		86 APPEARANCE (UP TO 3)		87 CAUTIONS (UP TO 3)		88 SPEECH PATTERN			
	<input type="checkbox"/> (UNK) UNKNOWN <input type="checkbox"/> (INF) NO FACIAL HAIR <input type="checkbox"/> (BRD) BEARD <input type="checkbox"/> (MUS) MUSTACHE <input type="checkbox"/> (SDB) SIDEBURNS		<input type="checkbox"/> (UNK) UNKNOWN <input type="checkbox"/> (BAL) BALD/PART BALD <input type="checkbox"/> (CUR) CURLY/WAFF <input type="checkbox"/> (LON) LONG LENGTH <input type="checkbox"/> (MED) MEDIUM LENGTH <input type="checkbox"/> (SHO) SHORT LENGTH <input type="checkbox"/> (STR) STRAIGHT		<input type="checkbox"/> YES (DESCRIBE) LOCATION _____ _____ _____		<input type="checkbox"/> (CAS) CASUAL <input type="checkbox"/> (DIS) DISGUISE <input type="checkbox"/> (OTH) OTHER/DNA <input type="checkbox"/> (TRN) TRANSVESTITE <input type="checkbox"/> (UNI) UNIFORM <input type="checkbox"/> (WGR) WELL GROOMED <input type="checkbox"/> (WRK) WORK CLOTHES		<input type="checkbox"/> (ALC) ALCOHOL USE <input type="checkbox"/> (ARM) ARMED <input type="checkbox"/> (ARR) RESISTING <input type="checkbox"/> (DRU) DRUG USE <input type="checkbox"/> (ESC) ATTEMPT ESCAPE <input type="checkbox"/> (IMP) IMPERSONATES <input type="checkbox"/> (MED) MEDICAL COND <input type="checkbox"/> (MEN) HIST OF ADMIS <input type="checkbox"/> (SUI) HEALTH FACIL <input type="checkbox"/> (VID) ATTEMPT SUICIDE VIOLENT		<input type="checkbox"/> (ACC) ACCENT <input type="checkbox"/> (DNA) DOES NOT APPLY <input type="checkbox"/> (IMP) (IMPEDIMENT) <input type="checkbox"/> (RPD) RAPID/TALKATIVE <input type="checkbox"/> (SLR) SLURRED/ MUMBLES <input type="checkbox"/> (OTH) (DESCRIBE) _____ _____ _____			
69 ADDITIONAL DESCRIPTORS (OL #, SOC # AKA DOB, GLASSES, ETC)												70 ADDITIONAL SUSPECTS (ETC)		
VEHICLE	71 YEAR 16		72 MAKE Ford		73 MODEL F150		74 BODY STYLE 4-D		75 TOP COLOR WHI		76 IMPOUNDED NO		77 VEHICLE USAGE	
	79 MO 1		YR 18		80 STATE 12		81 BODY STYLE 4-D		82 TOP COLOR WHI		83 IMPOUNDED NO		(01) REGISTERED TO ARRESTEE (02) USED BY ARRESTEE/REG OTHER OWNER (03) PASSENGER IN VEHICLE (04) SUSPICIOUS VEHICLE/PERSON (05) USED IN COMMISSION OF OFFENSE (06) INVOLVED IN ACCIDENT/TRAFFIC (07) TOWED/ABANDONED/IMPOUNDED (08) TARGET OF OFFENSE/OBJECT OF ATTACK (09) INVOLVED IN NON TRAFFIC SERV (10) USED AS WEAPON (11) SUSPECT VEHICLE	
	82 VEHICLE DESCRIPTION CODES (OPTIONAL) (UP TO 3)												83 VEHICLE USAGE	
	<input type="checkbox"/> (BTR) BEATER <input type="checkbox"/> (CUS) CUSTOM EQUIPMENT <input type="checkbox"/> (MIS) MISSING BODY PARTS <input type="checkbox"/> (NOI) EXCESSIVE NOISE <input type="checkbox"/> (BDM) BODY DAMAGE <input type="checkbox"/> (BGL) BROKEN/CRACKED GLASS <input type="checkbox"/> (PRI) PRIMER ON VEHICLE <input type="checkbox"/> (RUS) RUST ON VEHICLE <input type="checkbox"/> (4WD) FOUR WHEEL DRIVE <input type="checkbox"/> (TGL) TINTED GLASS <input type="checkbox"/> (TTP) TOP/SUN ROOF												(01) REGISTERED TO ARRESTEE (02) USED BY ARRESTEE/REG OTHER OWNER (03) PASSENGER IN VEHICLE (04) SUSPICIOUS VEHICLE/PERSON (05) USED IN COMMISSION OF OFFENSE (06) INVOLVED IN ACCIDENT/TRAFFIC (07) TOWED/ABANDONED/IMPOUNDED (08) TARGET OF OFFENSE/OBJECT OF ATTACK (09) INVOLVED IN NON TRAFFIC SERV (10) USED AS WEAPON (11) SUSPECT VEHICLE	
PROPERTY	84 QTY		85 ITEM TYPE		86 BRAND/MODEL		87 SERIAL NO		88 MISC DESC (E.G. OWNER ID)		89 VALUE		COMPLAINT NUMBER 171035	
	89 SEE VICTIM PROPERTY LIST													
LEADS	90 LEADS NO		91 DATE & TIME ENTERED		92 OP INIT		93 DATE & TIME CANCELLED		94 OP INIT		95 ADDITIONAL ENTRIES			

98 ENTRY - POINT OF - EXIT 97	99 MEANS OF	99 TOOL/OBJECT/WEAPON	100 TARGET	101 SECURITY DEFEATED	103 MISCELLANEOUS
<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER BUILDING <input type="checkbox"/> (A) BASMENT DOOR <input type="checkbox"/> (B) BASMENT WINDOW <input type="checkbox"/> (C) FRONT DOOR <input type="checkbox"/> (D) REAR DOOR <input type="checkbox"/> (E) SIDE DOOR <input type="checkbox"/> (F) GRG DR (OVHD) <input type="checkbox"/> (G) GRG DR (OTH) <input type="checkbox"/> (H) OTH OVHD DR <input type="checkbox"/> (I) PATIO/OK DR <input type="checkbox"/> (J) GRND FLOOR WD <input type="checkbox"/> (K) UP FLOOR WD <input type="checkbox"/> (L) SCRN/STRM DR <input type="checkbox"/> (M) SCRN/STRM WD <input type="checkbox"/> (N) TRANSOM <input type="checkbox"/> (O) WALL <input type="checkbox"/> (P) SKYLIGHT <input type="checkbox"/> (Q) ROOF VEHICLE <input type="checkbox"/> (R) FRONT DOOR <input type="checkbox"/> (S) REAR DOOR <input type="checkbox"/> (T) HATCHBACK/TAI/GATE <input type="checkbox"/> (U) SIDE WINDOW <input type="checkbox"/> (V) WINDSHIELD <input type="checkbox"/> (W) REAR WINDOW <input type="checkbox"/> (X) TOP CONVERT/T TOP <input type="checkbox"/> (Y) HOOD <input type="checkbox"/> (Z) TRUNK	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER ENTRY <input type="checkbox"/> (A) OPEN <input type="checkbox"/> (B) UNLOCKED <input type="checkbox"/> (C) PIRCE <input type="checkbox"/> (D) SMASHED <input type="checkbox"/> (E) FORCED <input type="checkbox"/> (F) SLASHED <input type="checkbox"/> (G) DISMANTLED <input type="checkbox"/> (H) PULLED <input type="checkbox"/> (I) PICKED <input type="checkbox"/> (J) DRILLED <input type="checkbox"/> (K) TORCHED <input type="checkbox"/> (L) SAWED <input type="checkbox"/> (M) CUT <input type="checkbox"/> (N) PEELED DAMAGE <input type="checkbox"/> (O) BB/PELLET DAMAGE <input type="checkbox"/> (P) SMASHED <input type="checkbox"/> (Q) SLASHED/PUNCTURED <input type="checkbox"/> (R) SCRATCHED <input type="checkbox"/> (S) PAINTED <input type="checkbox"/> (T) BURNED <input type="checkbox"/> (U) CORRODED <input type="checkbox"/> (V) BATTERED <input type="checkbox"/> (W) BLOWN UP <input type="checkbox"/> (X) MULTIPLE MEANS 98A DOMESTIC VIOLENCE <input type="checkbox"/> PREVIOUS OCCURRENCES <input type="checkbox"/> HOW MANY? <input type="checkbox"/> COPY OF RIGHTB GIVEN TO VICTIM <input type="checkbox"/> ORDER OF PROTECTION CURRENTLY IN FORCE	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER TOOL <input type="checkbox"/> (A) PRT/CROW BAR <input type="checkbox"/> (B) SCREWDRIVER <input type="checkbox"/> (C) PIPE WRENCH <input type="checkbox"/> (D) LOCK PULLER <input type="checkbox"/> (E) PUNCH <input type="checkbox"/> (F) KEY <input type="checkbox"/> (G) LOCK PICK <input type="checkbox"/> (H) SLIM JIM <input type="checkbox"/> (I) DRILL <input type="checkbox"/> (J) TORCH <input type="checkbox"/> (K) SAW <input type="checkbox"/> (L) BOLT CUTTER <input type="checkbox"/> (M) PLIER/WIREGRIP <input type="checkbox"/> (N) HAMMER OBJECT <input type="checkbox"/> (O) SPRAY PAINT <input type="checkbox"/> (P) SHARP OBJECT <input type="checkbox"/> (Q) BLUNT INSTRU <input type="checkbox"/> (R) BLUDGEON <input type="checkbox"/> (S) FLAM LIQUID <input type="checkbox"/> (T) COMBUSTIBLE <input type="checkbox"/> (U) EXPLOSIVE <input type="checkbox"/> (V) PROJECTILE <input type="checkbox"/> (W) CAUSTIC SUBST <input type="checkbox"/> (X) BODY (FOOT, ETC) <input type="checkbox"/> (Y) CREDIT CARD <input type="checkbox"/> (Z) CHECK WEAPON <input type="checkbox"/> (1) REVOLVER (BLU/DK) <input type="checkbox"/> (2) REVOLVER (SLVR) <input type="checkbox"/> (3) AUTOMAT (BLU/DK) <input type="checkbox"/> (4) AUTOMAT (SLVR) <input type="checkbox"/> (5) RIFLE <input type="checkbox"/> (6) SHOTGUN <input type="checkbox"/> (7) KNIFE <input type="checkbox"/> (8) MARTIAL ART WEAPON <input type="checkbox"/> (9) STUN DEVICE <input type="checkbox"/> (10) CHEMICAL DEVICE <input type="checkbox"/> (11) BB/PELLET GUN	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER NON-RESIDENCE <input type="checkbox"/> (A) CASH REGISTER <input type="checkbox"/> (B) SAFE/MONEY BOX <input type="checkbox"/> (C) CON DP MACHINE <input type="checkbox"/> (D) SALES AREA <input type="checkbox"/> (E) DISPLAY <input type="checkbox"/> (F) OFFICE <input type="checkbox"/> (G) TOOL ROOM <input type="checkbox"/> (H) STORAGE RM/AREA <input type="checkbox"/> (I) CLASSROOM <input type="checkbox"/> (J) SHOP <input type="checkbox"/> (K) MULTI LOCATIONS RESIDENCE <input type="checkbox"/> (L) GRGE/CAR PORT <input type="checkbox"/> (M) VEHICLE <input type="checkbox"/> (N) BASEMENT <input type="checkbox"/> (O) BEDROOM <input type="checkbox"/> (P) LIVING ROOM <input type="checkbox"/> (Q) FAM RM/DEN <input type="checkbox"/> (R) KITCHEN <input type="checkbox"/> (S) BATHROOM <input type="checkbox"/> (T) DINING ROOM <input type="checkbox"/> (U) ATTIC <input type="checkbox"/> (V) STOR RM/SHED <input type="checkbox"/> (W) MULTI LOCATIONS VEHICLE <input type="checkbox"/> (X) PASSENG COMPRT <input type="checkbox"/> (Y) GLOVE BOX <input type="checkbox"/> (Z) CONSOLE <input type="checkbox"/> (1) ENGINE COMPRTM <input type="checkbox"/> (2) BODY <input type="checkbox"/> (3) WHEELS/TIRES <input type="checkbox"/> (4) UTILITY/COMMER VEN <input type="checkbox"/> (5) RECREAT VEN LIVING AREA <input type="checkbox"/> (6) MULTI LOCATIONS	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/> (A) CNAIN/BOLT <input type="checkbox"/> (B) DEADBOLT <input type="checkbox"/> (C) CYLINDER DR LOCK <input type="checkbox"/> (D) PADLOCK <input type="checkbox"/> (E) CHARLIE BAR (SLIDING DOOR) <input type="checkbox"/> (F) WINDOW LOCKS <input type="checkbox"/> (G) BARS/GRATE <input type="checkbox"/> (H) ALARM-OUTSIDE RINGER <input type="checkbox"/> (I) ALARM-TO SEC COMPANY <input type="checkbox"/> (J) ALARM-TO POL DEPT <input type="checkbox"/> (K) ALARM-COMBIN (AUDIBLE & DIRECT) <input type="checkbox"/> (L) CAMERA <input type="checkbox"/> (M) FENCE <input type="checkbox"/> (N) DOG <input type="checkbox"/> (O) WATCHMEN/GUARD <input type="checkbox"/> (P) PRIV SEC PATROL 102 LIGHTING <input type="checkbox"/> (Q) DNA <input type="checkbox"/> (R) UNKNOWN <input type="checkbox"/> (S) DAYLIGHT <input type="checkbox"/> (T) DAWN <input type="checkbox"/> (U) DUSK <input type="checkbox"/> (V) DARK-UNLIGHTED <input type="checkbox"/> (W) DK-INTER LIGHT <input type="checkbox"/> (X) DK-EXTER LIGHT <input type="checkbox"/> (Y) DK-INT & EXT LGT	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER CRIMES AGAINST PROP <input type="checkbox"/> (A) HID IN PREMIS <input type="checkbox"/> (B) RANSACKED <input type="checkbox"/> (C) DEFECATED/BODY FLUIDS <input type="checkbox"/> (D) USED MATCHES <input type="checkbox"/> (E) VANDALIZED <input type="checkbox"/> (F) HIDES PROCEEDS IN AREA CHIMES AGAINST PERSON <input type="checkbox"/> (G) BLINDFOLD VICT <input type="checkbox"/> (H) BOUND/GAGGED VICT <input type="checkbox"/> (I) INJURED VICTIM <input type="checkbox"/> (J) COMMITTED SEX OFFENSE ON VICT <input type="checkbox"/> (K) THREATS-WEAPON <input type="checkbox"/> (L) THREATS-VERBAL <input type="checkbox"/> (M) DEMAND NOTE GENERAL <input type="checkbox"/> (N) NAD LOOKOUT <input type="checkbox"/> (O) USED MONITOR <input type="checkbox"/> (P) USED CB RADIO <input type="checkbox"/> (Q) VEHICLE NEEDED TO REMOVE PROPERTY <input type="checkbox"/> (R) DISABLED PHONE <input type="checkbox"/> (S) DISABLED ALARM <input type="checkbox"/> (T) DISABLED CAMERA <input type="checkbox"/> (U) DISABLED UTILITY <input type="checkbox"/> (V) USED GLOVES

INV. 104 ET REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	105 INVESTIGATOR/JO REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	106 TIME REQUESTED On scene	107 ET INVESTIGATOR/JO ASSIGNED Det. Farkas
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ToT Detective Division				COMPLANT NUMBER 17-10135
SIGN 110 REPORTING OFFICER(S) 	STAR # 228	111A TOW #	111B PI #	
112 REVIEW OFFICER 			8/30/17	

NARRATIVE

M.O. INFORMATION